

REC'D DEC 12 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

37239

Do not use this space.

791
1003

9566

1. PLACE OF DEATH

(a) County..... Registration District No.....
(b) Township..... Primary Registration District No.....
(c) City St. Louis, Missouri (d) Street No. City Sanitarium St.
(e) Length of residence in city or town where death occurred 62 (If death occurred in Hospital or Institution, write its name instead of street and number) yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Lilly Meyer

(a) Residence, No. 2621 Wyoming St. 24 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-14-1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 2 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Nil
9. Industry or business in which work was done, as saw mill, bank, etc. Nil
10. Date deceased last worked at this occupation (month and year) Nil 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN)..... Unknown
(STATE OR COUNTRY) Colorado

FATHER 13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN)..... Unknown
(STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN)..... Unknown
(STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Henry C. Gehrand, M.D.
5400 Arsenal St

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cemetery DATE Nov. 4th. 1938

19. FUNERAL DIRECTOR (NAME) Wacker-Helderle
(ADDRESS) 2331 S. Broadway

20. FILE NO. NOV 3 1938 J. T. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-1-38, 19

22. I HEREBY CERTIFY, That I attended deceased from 10-3-38, 19, to 11-1-38, 19.
I last saw her... alive on 11-1-38, 19. Death is said to have occurred on the date stated above, at 2:25 P.M.
The principal cause of death and related causes of importance were as follows:

Senility 10-3-38x

Other contributory causes of importance:

Parkinson's Disease 10-3-38x
Chronic Myocarditis 10-3-38x

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify Henry C. Gehrand, M.D.
(Signed) Henry C. Gehrand, M.D.
(Address) 5300 - Arsenal

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Robert Wheeler

....., or by

Registered Apprentice No., working under my personal supervision.

Signed *Robert Wheeler*

Licensed Embalmer No. *2128*

P. O. Address *St Louis mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.